SPECIAL TERMS AND CONDITIONS

1. DEFINITIONS

a. “Agreement” means this Program Agreement, including all documents attached or incorporated by reference.

b. “A-19 Invoice Voucher” means the State of Washington Invoice Voucher A19-1A.

c. “CAP” means Washington State Tribal Medicaid Administrative Match Cost Allocation Plan.

d. “CMS” means the U.S. Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

e. “CMS Guide” means the Medicaid School-Based Administrative Claiming Guide issued May 2003, produced by CMS, and any supplements, amendments or successor; incorporated herein by reference to this Agreement.

f. “DSHS” or “the department” or “the Department” means the State of Washington Department of Social and Health Services and its employees and authorized agents.

g. “FFP – Federal Financial Participation” means the federal portion of the total allowable costs of providing services.

h. “Free Care” means services provided to everyone free of charge.

i. “HRSA” means Health and Recovery Services Administration, a division of DSHS.

j. “HRSA Program Manager” means the HRSA contact person named on Page 1 of this Agreement, or successor.

k. “Indirect Costs” are calculated as the direct claimable costs for MAM activities multiplied by the indirect rate negotiated by the Tribe with the Inspector General, United States Department of Interior or Department of Health & Human Services.

l. “IHS” refers to Indian Health Services.

m. “MAM” means Medicaid Administrative Match.

n. “MAM Activities” means Medicaid Administrative Match activities that are allowable/reimbursable (see **Exhibit B** – Statement of Work), under the Medicaid program.

o. “Medicaid” means a joint federal-state program for covered medical services and for costs of administration of related activities.

p. “MER – Medicaid Eligibility Rate” means the proportional share of Medicaid individuals to the total number of individuals in the target population.

q. “OMB” means the Federal Office of Management and Budget.

r. “Parallel Coding” refers to a time study coding system, whereby Medicaid activities are distinguished from similar activities that are not Medicaid reimbursable.

s. “PM” means Partial Medicaid, or the proportional share attributable to Medicaid based on the MER.

t. “R” means Reallocated; time spent on those activities which are reallocated across other codes based on the percentage of all other time spent on allowable/unallowable administrative activities.

u. “Subcontract” means a separate contract between the Tribe and an individual or entity (“Subcontractor”) to perform all or a portion of the duties and obligations which the Tribe is obligated to perform pursuant to this Agreement.

v. "TM" means Total Medicaid, or 100 percent Medicaid share; a TM administrative activity is wholly attributable to the Medicaid program and as such is not subject to the application of discounting by the MER.

w. "Training Documentation" means attendance sheets or other documentation showing that Tribal staff has received MAM training as outlined in the CAP.

x. "Tribe" means the federally recognized Indian Nation that has executed this Agreement and includes the Tribe's officers, directors, employees and agents unless otherwise stated in the Agreement. The Tribe is not an employee or agent of DSHS.

y. "Tribal MAM Coordinator" named on Page 1 of this Agreement or successor, means a tribal staff person appointed by the Tribe to be the liaison to the HRSA MAM office for the MAM program. This person's responsibilities include training and supervision of participating tribal staff to ensure claiming procedures and guidelines are understood and followed, and includes preparing and/or reviewing billing invoices and supporting documentation.

z. "Tribal MAM Web-site" refers to the HRSA tribal Medicaid administrative match web page found at http://fortress.wa.gov/dshs/maa/mam.

aa. "Tribal Staff" means staff that participates in a time study and claim for Medicaid Administrative Match (MAM).

bb. "U" means Unallowable. Time spent on an unallowable activity is not an allowable/reimbursable MAM activity under the Medicaid program.

cc. "WAC" means the Washington Administrative Code. All references in this Agreement to WAC chapters or sections shall include any successor, amended, or replacement statute. Pertinent WAC chapters can be accessed at http://slc.leg.wa.gov.

dd. "WAMED" means the Washington State Medicaid web-site which may be used to verify an individual's Medicaid eligibility, and can be accessed at http://www.acsgcro.com/Medicaid_Accounts/Washington_State_Medicaid/washington_state_medicaid.htm

2. PURPOSE OF THE TRIBAL MEDICAID ADMINISTRATIVE MATCH (MAM) PROGRAM AND OVERVIEW OF TRIBE'S RESPONSIBILITIES AND EXPECTATIONS PERTAINING TO THE PROGRAM

The purpose of this Agreement is to provide the intergovernmental entity (i.e.; the Tribe) reimbursement for a portion of the expenses incurred when performing Medicaid-related administrative activities including, but not limited to outreach to individuals potentially eligible to be enrolled in the Medicaid program and/or referral, access to, and/or coordination of, Medicaid activities for those individuals who are enrolled in the Medicaid program. **(**See **Exhibit A)**

3. STATEMENT OF WORK

The Tribe shall conduct the activities, provide the staff, and otherwise do all things necessary for or incidental to the performance of work outlined in the Statement of Work. **(See Exhibit B)**

4. PERIOD OF PERFORMANCE

The period of performance for this Agreement is through September 30, 2011.

5. **MAXIMUM CONSIDERATION**

The maximum amount of reimbursement for MAM activities under this Agreement is $.00.

6. INSURANCE

For purposes of this Agreement, the liability insurance requirements of DSHS Administrative Policy 13.13 are waived.

Exhibit A

Purpose and Overview of the Tribal Medicaid Administrative Match (MAM) Health and Recovery Services Administration (HRSA) and Indian Nation Program Agreement

THIS AGREEMENT is made and entered into by and between HRSA and the Indian Nation, hereafter referred to as the Tribe. For purposes of this Agreement, the Tribe is a sub-recipient of federal awards as defined by the Office of Management and Budget (OMB) Circular A-133. The federal award under this Agreement is made under the Medicaid Title XIX, Catalog of Federal Domestic Assistance Programs No. 93.778.

The purpose of this Agreement is to provide an intergovernmental entity (i.e.; the Tribe) reimbursement for a portion of the expenses incurred when performing Medicaid-related administrative activities. Medicaid Administrative Match (MAM) is a federal program that provides reimbursement for a portion of the costs of "administrative activities" that directly support efforts to identify, and/or enroll children/individuals in the Medicaid program or to assist those already enrolled in Medicaid to access benefits. MAM allowable costs must be directly related to the state Medicaid plan and be "found necessary for the proper and efficient administration of the state Medicaid plan."

Examples of reimbursable MAM activities include:

- Medicaid-related outreach activities;
- Facilitating Medicaid eligibility determinations;
- Medicaid-related program planning and policy development;
- Medicaid-administrative case management and referral.

In 2003, the Centers for Medicare & Medicaid Services (CMS) produced the "Medicaid School-Based Administrative Claiming Guide". This CMS Claiming Guide is intended by CMS to provide guidance applicable to all MAM programs, and will hereafter be referred to as "the CMS Guide". The Washington State Tribal MAM Cost Allocation Plan (CAP), hereafter referred to as the "CAP", was developed according to the claiming principles established in the CMS Guide and has been approved by CMS as an acceptable claiming methodology for Washington State tribes. The CAP provides detailed tribal MAM claiming guidelines, activity code descriptions, time study methodology and billing procedures. The Tribe will be expected to review and comply with all claiming policies, procedures, guidelines and forms referenced in the CAP. The CMS Guide, the CAP, and related worksheets and forms can be found on the HRSA Administrative Match web-site at **http://fortress.wa.gov/dshs/maa/mam**.

MAM Program Principles

The Tribe shall comply with the following MAM program principles.

1. Activities must be found necessary for the proper and efficient administration of the state Medicaid plan.
2. All staff participating in MAM and billing for eligible activities must complete a time study each quarter. The time study methodology must capture 100 percent of paid time for participating staff for the period being measured.
3. Parallel coding for Medicaid and non-Medicaid activities is required to clearly identify those activities directly related to Medicaid.

4. There is monitoring of potential for “duplicative” reimbursements and assurance of their exclusion from MAM claiming.
5. Coordination of activities is expected and encouraged between the State Medicaid agency, Tribal staff, other governmental entities, providers, community non-profits and other agencies related to activities performed.
6. There must be clear delineation between direct services and administrative activities.
7. There must be allocable share of costs *(that is, proportional share of costs based on the Medicaid Eligibility Rate)* as well as non-discounted activities as applicable. Outreach and facilitating eligibility/determination are not discounted; they are reimbursed as 100% Medicaid share at 50% FFP.
8. The federal government and the states share the costs of providing for MAM-allowable administrative activities.
9. CMS reviews and approves the MAM program and MAM codes as meeting regulatory requirements (see the Washington State Tribal MAM Cost Allocation Plan (CAP)).
10. The “no free care” principle precludes Medicaid from paying for the costs of Medicaid coverable services and activities that are available to all in the general population without charge. Federal policy provides for exception to the “no free care” principle with regard to services provided through the Indian Health Service to eligible beneficiaries.

    (See **Exhibit B** below; and the CAP found on the HRSA MAM web-site at **http://fortress.wa.gov/dshs/maa/mam** for a detailed description of MAM program principles).

Exhibit B

Statement of Work

I. TRIBAL MAM TIME STUDY

A. METHOD

The Tribe will conduct a time study one week of every quarter. The time study methodology contains specific activity codes, whereby the cost of personnel is distributed to defined activities to determine the administrative cost allocable to the Medicaid program. Tribal staff (including any of the Tribe's sub-contractors) must participate in the one week time study in order to claim for activities. HRSA will randomly select the week of the time study and inform the designated Tribal MAM Coordinator of the selected time study week prior to the beginning of each quarter. The Tribal MAM Coordinator may inform participating staff one week in advance of the start date of the selected time study week.

As described in detail in the CAP, the Tribe will have the opportunity to inform the HRSA Program Manager of potential weeks/days during each quarter that are not available for the time study week due to cultural factors, holidays, etc. At the HRSA Program Manager's discretion and approval, these weeks/days may be removed from the selection pool.

Participating staff must document 100 percent of their paid time during the time study period. Time must be recorded in fifteen minute increments and must adhere to the principle of parallel coding, using the required time study form (**Exhibit C**). Tribal staff must also keep a log documenting their MAM-related travel throughout the quarter in order to claim travel expenses for that quarter (**Exhibit D**).

B. STAFF TRAINING

The Tribe will select and designate a Tribal MAM Coordinator to be trained by HRSA staff prior to the first time study period. The Tribal MAM Coordinator will then provide MAM training to participating staff before the first required time study. The Tribal MAM Coordinator must receive training from the HRSA Program Manager before training other Tribal staff.

The Tribe's MAM Coordinator is responsible to ensure Tribal staff is trained in the MAM activity codes and time study methodology, utilizing HRSA training materials, before participating in a time study, or before claiming MAM reimbursement. HRSA will not reimburse the Tribe the FFP for staff who were not trained before participating in their first time study. Documentation of staff training must be maintained by the Tribe and made available for review as requested. The Tribe's MAM Coordinator is encouraged to provide refresher training to all participating staff at least once a year, and review staff time study forms and billings for compliance, completeness and accuracy. (If Tribal staff has received MAM training from the HRSA Tribal MAM Program Manager prior to participating in their first time study, the Tribal MAM Coordinator is not required to provide this staff with additional training.)

Written, signed documentation of such training will be kept on file. To ensure consistent application, all training documentation must be maintained and available for audit/monitoring purposes, as requested by HRSA or CMS staff. The frequency of training should take into account staff turnover, and is recommended at least once every four quarters.

It is expected that Tribal staff will understand how to complete the time study form; know how to report activities under the appropriate time study code; understand the difference between health related and

other activities; know the distinctions between the performance of administrative activities and providing direct medical services; and know where to obtain technical assistance if he or she has questions.

II. ACTIVITY CODING

A. ACTIVITY CODE DESCRIPTIONS (see the CAP for a detailed description of each code, on the HRSA Tribal MAM web-site: http://fortress.wa.gov/dshs/maa/mam).

The following activity codes will be used by the Tribe. Staff must document time spent on each of the following coded activities using the Time Study Form to report 100% of their paid time during the time study period. **FFP is provided at 50% of the amount determined to be the Medicaid share**.

CODE 1.a.	Non-Medicaid Outreach - U
CODE 1.b.	Medicaid Outreach - TM
CODE 2.a.	Facilitating Application for Non-Medicaid Programs - U
CODE 2.b.	Facilitating Medicaid Eligibility Determination - TM
CODE 3	Activities not related to Medicaid Covered or Direct Medical Services - U
CODE 4	Direct Medical and/or Medicaid Covered Services - U
CODE 5.a.	Arranging Transportation for Non-Medicaid Services - U
CODE 5.b.	Arranging Transportation in Support of Medicaid Covered Services - PM
CODE 6.a.	Non-Medicaid Translation - U
CODE 6.b.	Translation Related to Medicaid Covered Services - PM
CODE 7.a.	Program Planning, Policy Development, and Interagency Coordination Related to Non-Medicaid Services - U
CODE 7.b.	Program Planning, Policy Development, and Interagency Coordination Related to Medicaid Covered Services - PM
CODE 8.a.	Non-Medicaid Related Training - U
CODE 8.b.	Training Related to Medicaid Administrative Activities and/or Access to Medicaid Covered Services - PM
CODE 9.a.	Referral, Coordination, and Monitoring of Non-Medicaid Covered Services - U
CODE 9.b.	Referral, Coordination, and Monitoring of Medicaid Covered Services - PM
CODE 10	General Administration - R

If an activity is provided as part of, or an extension of, a direct Medicaid-covered service, it may not be claimed as MAM. Any staff activity involved in directly providing Medicaid-covered services should be assigned to Code 4 - Direct Medical and/or Medicaid Covered Services.

CODE 1.a. NON-MEDICAID OUTREACH – U

Tribal staff should use this code when performing activities that inform individuals about their eligibility for non-Medicaid medical, social, vocational and educational programs and how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

CODE 1.b. MEDICAID OUTREACH – TM

Tribal staff should use this code when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program. Such activities include bringing potential eligibles into the Medicaid system for the purpose of the eligibility process.

CODE 2.a. FACILITATING APPLICATION FOR NON-MEDICAID PROGRAMS – U

This code should be used by Tribal staff when informing an individual or family about programs not covered by Medicaid such as food stamps; Women, Infants, and Children (WIC); day care; legal aid; and other social or educational programs and referring them to the appropriate agency to make application.

CODE 2.b. FACILITATING MEDICAID ELIGIBILITY DETERMINATION – TM

Tribal staff should use this code when assisting an individual in the Medicaid eligibility process. Include related paperwork, clerical activities, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility, which is not done by Tribal staff.

CODE 3. ACTIVITIES NOT RELATED TO MEDICAID-COVERED OR DIRECT MEDICAL SERVICES – U

This code should be used for paid activities of Tribal staff that are not medical or Medicaid-related, including non-Medicaid health and wellness activities, social services, educational services, teaching services, and employment and job training. This may include related paperwork, clerical activities, or staff travel required to perform these activities. Services not related to Medicaid or to direct medical services can be reported in two ways: As a separate non-Medicaid code (Code 3) or as an example within one or more non-Medicaid activity codes.

CODE 4. DIRECT MEDICAL AND/OR MEDICAID-COVERED SERVICES – U

This code is used when providing direct medical care, and/or medical/dental diagnosis and/or treatment, and/or clinical counseling services to an individual patient or client. It applies also to activities provided as part of, or an extension of, the direct medical and/or Medicaid-covered service provided, including related patient assessment, case management, counseling and other follow-up activities. Activities ancillary to direct medical and/or Medicaid-covered services, including appointment scheduling, billing, and data entry, also fall under this code.

CODE 5.a. ARRANGING TRANSPORTATION FOR NON-MEDICAID SERVICES – U

Tribal staff should use this code when assisting an individual in obtaining transportation to social, vocational, and/or educational programs and/or medical, health and wellness services not covered by Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

CODE 5.b. ARRANGING TRANSPORTATION IN SUPPORT OF MEDICAID COVERED SERVICES – PM

Tribal staff should use this code when assisting an individual in obtaining transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation *(bus fare, taxi fare, gas voucher, ferry tickets, etc.)*, but rather the administrative activities involved in arranging transportation. Include related paperwork, clerical activities or staff travel required to perform these activities. Note, if the Tribe has a contract with a Medicaid Transportation broker to receive reimbursement for providing transportation services, the Tribal staff may not claim MAM when assisting patients in obtaining transportation covered under the contract. Instead, Tribal staff must use Code 4. However, when Tribal staff is arranging transportation for a non-tribal patient, or patient living off of the reservation, both of which are not covered under the Tribe's Medicaid transportation contract, Code 5.b. is used.

CODE 6.a. NON-MEDICAID TRANSLATION – U

Tribal staff that provides translation services for non-Medicaid activities should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities. Non-Medicaid translation can be reported in two ways: As a separate non-Medicaid code (Code 6.a.) or as an example within one or more non-Medicaid activity codes.

CODE 6.b. TRANSLATION RELATED TO MEDICAID COVERED SERVICES – PM

Translation may be allowable as a Medicaid-claimable administrative activity, including translation in a direct service context, if it is not included and paid for as part of the medical assistance service. However, translation must be provided either by separate units or separate employees performing only translation, and it must facilitate access to Medicaid covered services. Tribal employees who provide such Medicaid translation services should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

CODE 7.a. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDICAID SERVICES – U

Tribal staff should use this code when performing activities associated with developing strategies to improve the coordination and delivery of non-Medicaid services to patients/tribal members. Non-Medicaid services may include social services, educational services, and vocational services, as well as medical and other healthcare services that are not covered by Medicaid. Only employees whose position descriptions include program planning, policy development and interagency coordination may use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

CODE 7.b. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDICAID-COVERED SERVICES – PM

This code should be used by Tribal staff when performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health/chemical dependency counseling services, and when performing collaborative activities with other agencies and/or providers to assure patients' access to Medicaid-covered services. It does not include activities integral to or an extension of direct medical or Medicaid-covered services, which would be coded under Code 4. Only staff whose position description includes "participation in program planning and interagency coordination" may use this code. This code refers to activities such as planning and developing procedures to track requests for services; while the actual tracking of requests for Medicaid services would be coded under Code 9.b., Referral, Coordination and Monitoring of Medicaid Covered Services. Include related paperwork, clerical activities or staff travel required to perform these activities.

CODE 8.a. NON-MEDICAID RELATED TRAINING – U

Tribal staff should use this code when coordinating, conducting, or participating in training activities for staff regarding the benefit of programs other than the Medicaid program. Include related paperwork, clerical activities, or staff travel required to perform these activities.

CODE 8.b. TRAINING RELATED TO MEDICAID ADMINISTRATIVE ACTIVITIES AND/OR ACCESS TO MEDICAID-COVERED SERVICES – PM

Tribal staff should use this code when coordinating, conducting, or participating in training activities designed to improve access to Medicaid covered services via enhanced referrals and assistance, including training pertaining to the Tribal MAM program. Include related paperwork, clerical activities, or staff travel required to perform these activities. Note: Training that enhances the education/professional knowledge/skills needed in actually providing direct medical and/or Medicaid-covered services should be treated as Code 4, Direct Medical and/or Medicaid-Covered Services.

CODE 9.a. REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAID SERVICES – U

Tribal staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of services not covered by Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

CODE 9.b. REFERRAL, COORDINATION, AND MONITORING OF MEDICAID COVERED SERVICES – PM/50 PERCENT FFP

This code should be used when making referrals for, coordinating, and/or monitoring the delivery of Medicaid covered services when the activity is not integral to or an extension of a Medicaid-covered service. Include related paperwork, clerical activities or staff travel required to perform these activities.

CODE 10. GENERAL ADMINISTRATION – R

This code should be used by time study participants when performing administrative activities that are not specifically identified under other activity codes or directly assignable to program activities such as paid annual leave or sick days, general supervision of staff, and administration of the MAM program. Include related paperwork, clerical activities, or staff travel required to perform these general administrative activities. Note that tribal administrative staff expenses that are included in the Tribe's Indirect Costs Agreement (usually including accounting, payroll, executive direction, etc.), are only allowable through the application of the Tribe's approved indirect cost rate.

III. BILLING AND PAYMENT PROCEDURES

A. RATES OF REIMBURSEMENT

MAM reimbursement is claimable as follows, with FFP provided at 50% of the allocated Medicaid share:

(U) Unallowable: The activity is not an allowed MAM activity under the Medicaid program.

(TM) Total Medicaid or 100% Medicaid Share: The activity is wholly attributable to the Medicaid program and as such is not subject to the application of the MER.

(PM) Partial Medicaid Share: The activity is allowed for MAM claiming, but the Medicaid share of costs must be determined by applying the Medicaid percentage of the service population that has been determined for the Tribe. This discounts the claimable costs by the MER.

(R) Reallocated: Those activities which are reallocated across other codes based on the percentage of all other time spent on allowable/unallowable MAM activities. Reallocated costs are subject to the MER. FFP is provided at 50% of the reallocated Medicaid share. A single calculation of reallocation is made for the entire quarterly claim, based on the total MAM-claimable costs of all Tribal staff who

participated in that quarter's time study.

B. ALLOWABLE COSTS

1. PERSONNEL COSTS

The Tribe shall limit calculation of personnel costs to salary plus payroll taxes and fringe benefits. Compensation paid to subcontracted personnel who participate in the time study is also allowable. The percentage of time spent on MAM reimbursable activities is multiplied by the personnel costs for participating staff to produce the claimable costs for that person's activities. These salary costs shall tie to the quarterly payroll tax reports and/or documentation of payment for the services of contracted staff.

2. TRAVEL EXPENSES

The Tribe may claim allowable travel expenses that are incurred by staff in connection with their MAM activities. Unlike personnel costs, which are extended for the quarter based on data compiled from the week-long time study, travel expenses are claimed throughout the quarter by individual staff, by maintaining documentation on an ongoing quarterly travel log (**Exhibit D**). MAM-allowable travel expenses are limited to actual costs of travel that took place during the quarter, which were incurred in conducting specifically identified MAM activities. Reimbursement for each individual travel event is calculated at the MER applicable to the specific activity. Reimbursement for travel is limited to documented hotel expenses, plus per diem and mileage at prevailing federal rates. Travel expenses claimed for the quarter are entered to the quarterly billing worksheet on a separate row for each staff person, with a breakout of travel expenses for TM (Total Medicaid) and PM (Proportional Medicaid).

3. INDIRECT COSTS

Allowable personnel costs and travel costs constitute direct claimable costs. In addition, the Tribe may claim indirect costs in accordance with OMB Circular A-87. Indirect costs are calculated as the direct claimable costs for MAM activities multiplied by the Indirect Rate negotiated by the Tribe with the Inspector General, United States Department of Interior or Department of Health & Human Services, as documented by the applicable signed Indirect Cost Rate Agreement. The Tribe's approved indirect cost rate will be applied to each survey period of claiming within its applicable fiscal year. If the Tribe does not have an approved indirect rate for the current fiscal year, the most recently approved indirect rate may be used. However, the Tribe will be required to refund to HRSA any difference if the new negotiated rate is lower than the previous rate applied, and may re-bill HRSA if the new rate is higher than the previous rate applied.

The Tribe must submit to HRSA an Indirect Rate Cost Form (**Exhibit E)** verifying the Tribe's negotiated rate. If the negotiated rate changes, the Tribe must send a new form to HRSA. A copy of the applicable negotiated Indirect Cost Rate Agreement must be available for review by state and federal inspectors. The Tribe must assure that costs claimed as direct costs (claimed through the time study process) do not duplicate costs claimed through the application of the indirect cost rate.

C. CALCULATING AND APPLYING THE MEDICAID ELIGIBILITY RATE (MER)

For activities that are not wholly attributable to the Medicaid program, the MER must be calculated. To establish the proportional Medicaid share and submit a claim for reimbursement to HRSA, the Tribe must determine the number of Medicaid enrolled individuals served each quarter. This number serves as the numerator in a fraction, with the denominator being the total number of individuals served. This

fractional value is then applied to the total costs applicable to the proportional Medicaid share time codes to determine the costs applicable to Medicaid administrative activities.

The number of Medicaid enrolled individuals and the total number of individuals served must be identified each quarter and documented for HRSA and CMS review as requested.

(MER) = Total number of unduplicated **Medicaid-enrolled** individuals provided with services divided by the total number of unduplicated individuals provided with services).

Example

The following example establishes how much of the costs related to an activity should be allocated to Medicaid. The amount of FFP is determined based on the activity costs that are allocable to Medicaid.

Gross activity costs = $1,500

Unduplicated number of Medicaid-enrolled individuals provided with services = 1,000

Unduplicated total number of all individuals provided with services = 5,000

MER: Number of **Medicaid-enrolled** individuals provided with services/total number of all individuals provided with services = 1,000/5,000 = 20 percent

Activity = Referral, Coordination, and Monitoring of Medicaid Services = Proportional Medicaid/50 percent FFP

Proportional Medicaid Costs = Gross activity cost multiplied by the MER

$1,500 X 20% = $300 = Gross claimable Medicaid share

FFP Reimbursement = 50 percent

Net claimable amount = $300 X 50% = $150

Activities involving Medicaid outreach and/or facilitating Medicaid eligibility determinations are 100 percent allowable and the application of the MER is not required.

An individual's Medicaid eligibility can be verified free of charge through the Washington State Medicaid (WAMED) web-address at:

http://www.acs-gcro.com/Medicaid_Accounts/Washington_State_Medicaid/washington_state_medicaid.htm.

The Contractor may use medical databases (i.e. IHS-RPMS) to determine the MER for each quarter.

Documentation of the MER must be kept for review and verification as requested.

The Contractor will complete and sign the Indian Nation Medicaid Eligibility Rate (MER) Worksheet and Certification Form (**Exhibit D**) for the quarter, and submit this form to HRSA with all claims for the quarter.

D. REALLOCATED GENERAL ADMINISTRATION TIME

Reallocated time refers to time that is reallocated across other codes, based on the percentage of all other time spent on allowable/unallowable MAM activities.

Example

The following example establishes how the costs of reallocated activities are calculated. The reallocated costs are subject to the MER. The amount of FFP is then determined based on the activity costs that are allocable to Medicaid.

Grand Total activity costs = $100,000
MER = 23%
Percentage of paid activities that are to be reallocated = 25%
Percentage of paid activities solely attributable to Medicaid (TM) = 6%
Percentage of paid activities that are proportionately Medicaid (PM) = 19%
Percentage of paid activities that are not MAM-allowable = 50%
Percentage of reallocated activities allowable for claiming = 25*((6+19)/(6+19+50)) = 8.33
Gross MAM claimable costs of reallocated activities = $100,000 X 8.330% = $8,330
Discounted for the MER: = $8,330 X 23% = $1,915.90
FFP Rate (50 %): = $1,915.90 X 50% = $957.95
Net FFP claimable amount: = $957.95

E. FEDERAL FINANCIAL PARTICIPATION (FFP)

1. Federal Financial participation (i.e. reimbursement) is allowable for Tribal MAM activities at 50 percent of the costs determined to be the Medicaid share. If the Medicaid share of costs is $300, the claimable amount of FFP is $150. The other 50 percent of costs is the “state match” portion required for Medicaid administrative claiming. Under the CAP which governs the Tribal MAM program, the “state match” portion is provided by the Tribe. These costs remain with the Tribe and are not reimbursed.

2. Federally sourced funds may not be used as tribal matching funds unless otherwise allowed by statute. The Tribe will ensure that its monetary share of costs for Medicaid administrative activities is non-federal money, or allowable federal money, or that they are Tribal funds allowable as state match by regulation, and that they have not been used and will not be used as match for other federal money.

3. In no case will the Tribe be reimbursed more than 50 percent of the actual costs incurred by Tribal staff. In the event the Tribe receives funds (other than under a PL93-638 contract) that are earmarked for outreach services for Medicaid, or for other claimed MAM activities, such funds must be offset from the claim for MAM reimbursement.

F. OFFSET OF REVENUES

Certain revenues must offset allocated costs in order to assure there are no profits, no unallowable federal match, and no duplication of payment. To the extent that other funding sources have paid or would pay for the costs at issue, federal Medicaid funding is not available and the costs must be removed from total costs *(See OMB Circular A-87, Attachment A, Part C., Item 4.a.)*. All applicable credits must be offset against claims for Medicaid funds. Applicable credits refer to those receipts or reduction of expenditure type transactions that offset or reduce expense items allocable to federal awards as direct or indirect costs.

Federal funding to Indian tribes and tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA) is specifically allowable as match for federal funds under Section 106(j) of Title I of P.L.93-638. See also at 25 USC 450j-1 and at 25 USC 458aaa-11(d).

The following include some of the revenue offset categories which must be applied in developing the net costs:

- All "non-authorized" federal funds;
- All state expenditures which have previously been matched by the federal government;
- All state grants that are a pass-through of federal funds;
- Funds that have previously been used or will be used to claim federal matching funds.

G. MAM REIMBURSEMENT

1. There is only one claimable FFP rate allowed for MAM activities which the Tribe provides under this Agreement. Federal match is provided at 50 percent of the total allowable costs attributable to MAM activities.

2. The Tribe will ensure that its monetary share of costs for MAM activities is non-federal monies, or eligible federal monies, or that they are tribal funds allowable as state match by regulation, and which has not been used and will not be used by the Tribe as match for other federal money. Accordingly, each A-19 Invoice Voucher submitted to HRSA for reimbursement shall be signed by the Tribe's representative and shall include the following statement:

   "Under the terms of the Contract between the parties, I certify that these expenses were incurred for allowable Medicaid MAM services provided to potential Medicaid participants or for Medicaid administrative purposes to Medicaid covered participants. I also certify that funds used to claim FFP are available, appropriate, and in accordance with the Code of Federal Regulations Title 42 section 433.51 (42 CFR 433.51)."

3. Payment (MAM reimbursement) under this Agreement shall be subject to all provisions of the Agreement.

4. The Tribe will submit claims only for MAM allowable activities. HRSA will approve reimbursement for MAM expenditures related to, or in support of, activities that are allowable for reimbursement by Medicaid and are included in the state Medicaid plan. HRSA will not reimburse for health care services that are rendered free of charge to the general population, except for services to Native Americans and to people of close social or economic ties to the Native American people, who are authorized under this Agreement or by the Indian Health Services to receive such services. Any administrative activity, other than Medicaid outreach and application assistance, that supports the referral, coordination, and planning, or other services provided free to the general non-tribal population, is not considered Medicaid administration.

5. The Tribe shall determine the amount of allowable MAM costs by taking the actual time spent by each participating staff on allowable MAM activities divided by total time spent by that person for all paid activities (this yields a percentage amount of paid time), multiplied by that person's allowable wages and fringe benefits, multiplied as appropriate by the percentage of Medicaid enrollees in the service population. MAM claiming also includes allowable travel costs incurred by staff.

6. The Tribe will accept responsibility for any disallowances and/or penalties that CMS may determine during an audit, resulting from claims which HRSA submitted on behalf of the Tribe's billing of

Medicaid. If the Tribe bills and is reimbursed for services that are later found to be undelivered, ineligible for Medicaid administrative match, or not delivered in accordance with applicable standards, the Tribe will be responsible for any disallowances and/or penalties and will fully cooperate in the recovery of funds.

7. The Tribe will provide HRSA an itemized billing for MAM activities using the A-19 Invoice Voucher (**Exhibit G**). Invoices shall include the following information: Name of Tribe, contract number, period of performance, and total FFP claimed. Documentation in the form of the Billing Worksheet (**Exhibit H**) used to calculate the total invoice amount must accompany the invoice voucher, together with the MER Certification Form (**Exhibit F**). The Billing Worksheet must clearly demonstrate claimable costs that are allowable for FFP at 50 percent, as well as partial and total Medicaid rates. Individual timesheets and travel logs that are summarized on the Billing Worksheet must be retained by the Tribe for review, as requested by HRSA/CMS.

H. MAM CLAIMING DOCUMENTATION

The Tribe must maintain documentation and be able to support all MAM claims submitted to HRSA. The documentation for administrative activities must clearly demonstrate that the activities directly support the administration of the Medicaid program and are in compliance with MAM claiming guidelines as described in the CAP. The administrative claiming records must be made available for review by HRSA and federal staff upon request during normal working hours (section 1902(a) (4) of the Social Security Act, implemented at 42 CFR 431.17).

Documentation maintained in support of administrative claims must be sufficiently detailed to permit federal staff to determine whether the activities are necessary for the proper and efficient administration of the state Medicaid plan. Additional guidance regarding documentation for compensation of salary and wages is found in OMB Circular A-87, Attachment B, Section 11.h (5), ASMB C-10.

Other principles related to documentation requirements include:

- The documentation related to staff time studies, salaries and wages, including personnel activity reports is required;
- Accounting records should be supported by source documentation such as canceled checks, paid bills, payrolls, contract and sub-grant award documents;
- Costs must be verified as being incurred in a particular federal program;
- Undocumented personnel costs are not allowed; and
- Adequate documentation for labor costs is required.
- The Billing Worksheet **(Exhibit H)** and MER Certification Form **(Exhibit F)** are required “back-up” documentation to the A-19 Invoice Voucher. Additional billing documentation (i.e., time sheets and quarterly travel logs; **Exhibits C and D**), must be retained by the Tribe for review, as requested by HRSA/CMS.

I. TIMELY FILING REQUIREMENTS

For claiming purposes, HRSA will provide the Tribe with a Tribe-specific A-19 Invoice Voucher form. To facilitate timely reimbursements, the Tribe will submit its claim for reimbursement by the end of the second month following the end of each billable quarter, but no later than one year from the end of each billing quarter. HRSA will reimburse the Tribe within 30 days of receipt and approval of a properly executed A-19 Invoice Voucher. Invoice vouchers received later than one year from the end of each billing quarter may not be reimbursed by HRSA, unless authorized by an “exception to policy”, per WAC 388-05-0010. Final claims for payment submitted by the Tribe for costs due and payable under this Agreement that were incurred prior to the Agreement expiration date, shall be approved for

reimbursement by HRSA if received within 90 days after the date of contract termination/expiration, provided the claim is submitted within the guidelines of timely filing requirements.

IV. MONITORING AND CONTRACT MANAGEMENT

The HRSA Program Manager will:

- Oversee monitoring of activities under this Agreement;
- Coordinate communication and processes between HRSA and the Tribe, via the Tribal MAM Coordinator, regarding all requirements of this Agreement;
- Provide “Train the Trainer” MAM training to the Tribal MAM Coordinator;
- If requested and as available, provide MAM training to Tribal staff;
- Conduct one monitoring visit each year;
- Provide technical assistance as needed/requested to Tribal staff as availability permits;
- Oversee any Amendments to or further development of this Agreement;
- As needed/required, update Tribal MAM documents (i.e., CAP, contract, contract exhibit boilerplate language, training materials, billing worksheets, etc), and post them to the Tribal MAM web-site. The HRSA Program Manager will notify the Tribal MAM Coordinator of such updates via e-mail; and
- Communicate by e-mail with the Tribal MAM Coordinator regarding impending contract modifications and amendments, and transmit necessary documents to the Tribe via the Tribal MAM Coordinator.